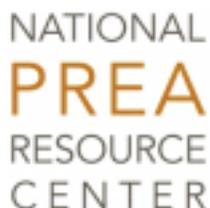


PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Kenai Peninsula Youth Facility			
Physical Address: 405 Marathon Road Kenai, AK. 99611			
Date report submitted			
Auditor information G. Pete Zeegers			
Address		6302 Benjamin Road, Tampa, FL 33634	
Email:		pete.zeegers@us.g4s.com	
Telephone number:		863-441-2495	
Date of facility visit		2/9-2/10/15	
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number: 907-335-3120			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other: Residential Treatment Facility
Name of PREA Compliance Manager: Steve Kieffer		Title:	Superintendent
Email Address:		Steve.Kieffer@alaska.gov	Telephone Number: 907-335-3120
Agency Information			
Name of Agency:		State of Alaska Department of Health & Social Services – Division of Juvenile Justice	
Governing Authority or Parent Agency: <i>(if applicable)</i>			
Physical Address: 240 Main St, Suite 701 Juneau, Alaska, 99811			
Mailing Address: <i>(if different from above)</i>		Same	
Telephone Number:		907-465-2212	
Agency Chief Executive Officer			
Name: Karen Forrest		Title:	Director
Email: Karen.Forrest@alaska.gov		Telephone Number:	907-465-2212
Agency Wide PREA Coordinator			
Name: Matt Davidson		Title:	Statewide PREA Coordinator

AUDIT FINDINGS

NARRATIVE:

The Kenai Peninsula Youth Facility is a 10-bed secure juvenile detention facility operated by the State of Alaska, located in Kenai, Alaska. The facility serves adolescent boys and girls, ages 10-19, who have been detained and are awaiting trial under emergency custody orders or are adjudicated delinquent. The facility opened in 2007. The program has an on-grounds school that is accredited by the Alaska Board of Education. The length of stay varies with an average of 30 days. The facility employs 20 full-time staff and 1 part-time Nurse.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard that the documents were referencing. The auditor conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and staff.

An on-site PREA Audit was conducted on February 9th and 10th, 2015. The entrance meeting was attended by Steve Kieffer, Superintendent, Matt Davidson, Statewide PREA Coordinator, and Pete Zeegers, PREA Auditor. The on-site audit work plan was discussed, youth and random samples of staff were selected for interviews and specialized staff were identified. Also, additional pre-audit information was obtained.

There were four PREA-related youth on youth sexual harassment allegations made in the previous 12 months. All allegations were substantiated.

Interviews were conducted with the Agency Director, the statewide PREA Coordinator, the Kenai Superintendent (who also serves as the Facility PREA Compliance Manager), intake staff, the nursing supervisor, custody staff randomly selected from each of the three shifts in this facility, and all youth.

On the days of the on-site audit three youth were housed in the facility. No youth had reported during the intake process previous physical or sexual abuse. No youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, questioning, or gender non-conforming during the intake process. There was one youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

DESCRIPTION OF FACILITY CHARACTERISTICS:

A tour of the facility was conducted by Superintendent Kieffer. The facility is clean, in good repair, and well maintained. The front door is secured from the outside. One must identify one's self and is escorted into the front lobby area. To the right side of Master Control is an office area housing State of Alaska Probation Officers. There is a Sally Port and an intake area that has camera surveillance capabilities. There is one living area which exits on the other side of Master Control. There are ten dorm rooms, each housing one youth. Each room has a toilet. There is a system where a youth who needs to use the toilet in their room puts a red card under the door. This alerts staff that this particular youth will be using their toilet. This allows some semblance of privacy. The bathroom/showers are at the far end of the dorm area. This bathroom has two showers and a toilet. The showers each have a door for privacy. Both review of policies and interviews with staff and youth confirmed that staff do not view the youth unclothed. There is a kitchen and dining room area in the back part of the Main Building with a pantry connected. All meals and a snack are contracted out by the program. A secure door at the far end of the kitchen area leads to a spacious recreation area within the fenced facility. This area includes a basketball court, a disc golf course, cross country ski area, a football/soccer field, and a garden. There are exercise machines indoors for use when the weather is too extreme.

There are 22 cameras located at this facility. There is a multiplexor to monitor all camera feeds in the Master Control area that is manned 24 hours a day. Mr. Kieffer agreed that the facility had a few blind spots and indicated that he would talk to Headquarters about a possible resolution.

The PREA Audit notice was posted on the bulletin boards in the main hallway on walls in the main lobby area and various hallways, as well as copies of the Alaska PREA brochure (this is the same brochure given to youth during the intake process as well). Posters containing both the outside victim services abuse number and PREA hotline are prominently posted in the main lobby area and hallways, as well.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 6

Number of standards met: 28

Number of standards not met: 0

Number of standards N/A: 7

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility.

The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

The agency has designated a corporate manager as the PREA Coordinator. He is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility Superintendent serves as the facility PREA Compliance Manager and reports that he has sufficient time and authority to coordinate the facility's compliance with the PREA standards.

§115.312 - Contracting with other entities for the confinement of residents

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A.

§115.313 - Supervision and monitoring

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

As is common with facilities undergoing its first PREA Audit, the existing staffing plan did not include all of the elements required by the standard. Working together, the PREA Compliance Manager and the auditor revised the staffing plan, which is now in compliance with the standard.

Although the ratio requirement of 115.313(c) is not applicable until October 1, 2017, the facility maintains a waking hours ratio of 1:5.

The facility has initiated the practice of unannounced rounds with documentation in place. Staff interviews confirmed the practice.

§115.315 – Limits to cross-gender viewing and searches

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency policy allows for pat-down searches in exigent circumstances though the facility does not conduct cross-gender pat-down searches, strip searches, or visual body cavity searches, even in exigent circumstances. Facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during staff and youth interviews.

There are toilets in the youths' rooms with the separate shower area having doors for privacy. There is a system where youth put a red card under the door of their cell, letting staff know they are using the toilet giving some privacy. When the youth need to use the bathroom during daily scheduled activities, there is a staff escort. Both review of policies and interviews with staff and youth confirmed that staff do not view the youth unclothed. There are no cameras that show the shower area.

The facility has initiated the practice of staff announcing their presence when entering a housing unit. There are boys and girls living in the same dorm area.

§115.316 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

There were a few elements of the standard not in the policy during the on-site audit. The policy now has all elements of the standard in place. Policy prohibits the use of resident translators, resident readers, or other types of resident assistance. Youth interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services.

§115.317 – Hiring and promotion decisions.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency conducts extensive background checks and reference checks with multiple entities. These are done in their entirety once every five years.

Policy addresses all of the elements of this standard.

§115.318 – Upgrades to facilities and technology.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A as there have been no upgrades to facility or technology.

§115.321 – Evidence protocol and forensic medical examinations.

Overall Determination

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The State of Alaska had been conducting administrative investigations during the on-site audit. There were several elements of the standard that did not meet PREA requirements. The Statewide PREA Coordinator changed the policy and procedure to where the facilities do not conduct criminal or

administrative investigations. The former are conducted by Alaska Office of Children’s Services, and, if need be, the Alaska State Troopers. These elements of the standard are N/A.

Forensic medical exams, when needed, would be conducted at Central Peninsula Hospital in Soldotna, AK, at no cost to the resident.

The facility has an MOU with the “Lee Shore” Center.

§115.322 – Policies to ensure referrals of allegations for investigations.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Facility policy ensures that an administrative/criminal investigation is completed, as required. The Alaska Division of Juvenile Justice requires that all PREA related allegations that are criminal in nature are reported to the Alaska State Troopers. OCS is notified about abuse involving caregivers.

There were four PREA-related youth on youth allegations made in the previous 12 months. All allegations were substantiated.

§115.331 – Employee Training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

All current staff have completed both facility and Alaska Division of Juvenile Justice PREA Training which includes all of the required topics. This training is specific to youth who are referred to this facility. Refresher training is provided to the staff. Staff also review and sign the PREA Acknowledgement and Notification form. Staff interviews confirmed the practice.

§115.332 – Volunteer and contractor training.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

At the time of the on-site audit, volunteers and contractors had not completed the PREA training. At this time all volunteers and contractors have taken the training. The policy is now in compliance with the standard.

§115.333 – Resident education.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy is in place. Initial resident education is provided during the intake admission process. Residents are provided a PREA pamphlet and additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.

This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility, when the youth view a 10 day video.

Posters displaying the phone number for the PREA Hotline number are visible to youth and staff in the hallways and main lobby area. There is a specific phone in the youth lobby area that is used to call a direct line for PREA allegations for youth and staff. The youth can also call the “Lee Shore Victim Advocate Center” on this phone.

Youth interviews confirmed that youth understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation.

§115.334 – Specialized training: Investigations.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A. The facility does not conduct administrative or criminal investigations.

§115.335 – Specialized training: Medical and mental health care.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Medical and Mental Health staff received specialized medical training provided through the State of Alaska. The facility does not conduct forensic medical exams.

Assigned as a part-time staff, the Nurse also receives the same PREA training as other staff. There is a Mental Health professional that is assigned to this facility by the State of Alaska Division of Juvenile Justice. She works at this facility one day a week, or as needed and has taken the state's PREA training.

115.341 – Obtaining information from residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility utilizes an Assessment, Checklist and Protocol for Behavior and Risk for Victimization assessment and screening instrument, which meets all PREA requirements in this regard. This screening is conducted for all youth who enter the facility within 72 hours. The screening consists of both youth interview questions and staff review of collateral information. All three of the youth files checked were completed on time.

Youth are assessed annually, except if a youth makes an allegation of sexual abuse or harassment, the entire screening is conducted again.

Agency policy and procedure allows all staff to see youth information on the Juvenile Offender Management Information System, (JOMIS).

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy in place. The current housing classification system is based primarily on availability as the facility has limited space. Screening, assessment, and collateral information gathered during the intake process is used to place youth in an area of the dorm that best ensures each youth’s safety and security.

Education and treatment are provided in an area of the main building.

The facility does not utilize isolation in any form.

Although there were no gay, bisexual, transgender, questioning, or intersex youth in the program during the audit, facility policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth’s safety is paramount in making these assignments, regardless of other issues.

115.351 – Resident reporting.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Youth interviews confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment and retaliation by residents or staff. All youth identified the reporting numbers for the state agencies listed on the posters in the hallway, as being one means of reporting. There is a phone in the main dayroom that specifically calls the Statewide PREA Hotline and the Lee Shore Center. They also stated that they can confide in a staff member, tell a family member, or tell their Probation Officer. Youth also confirmed that they have access to writing materials, both during the school day, as well as in the housing areas.

Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the Lee Shore Center and the statewide PREA hotline.

115.352 – Exhaustion of administrative remedies.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard.)

This standard is N/A. Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity.

115.353 – Resident access to outside support services and legal representation.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility currently has an MOU with the “Lee Shore Center” to provide victim advocate and supportive services to youth upon request.

Posters containing the statewide PREA Hotline numbers are prominently posted in the hallways and lobby area. Youth interviews confirmed that residents are aware of these posters and their right to call and make reports. Each youth has a primary Probation Officer who can access outside support services upon request of the youth.

Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Resident communications are not monitored.

Youth interviews confirmed that those residents who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed to make phone calls to family members.

115.354 – Third-party reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility uses the Lee Shore Center for this purpose and informs parents and guardians that they could call this number to make a report. Agency policy is in place.

115.361 – Staff and agency reporting duties.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

All staff are mandated child abuse reporters and receive appropriate training. Facility policy requires all staff to also report any retaliation against youth or staff who made a report on when and how to report to OCS.

Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an “as needed” basis in order to make treatment and related decision.

Staff interviews confirmed that medical staff are mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

115.362 – Agency protection duties.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of youth in the facility.

115.363 – Reporting to other confinement facilities.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Facility policy requires prompt notification, documentation and follow-up with the prior facility. Also, Alaska law requires mandated reporters to report such an allegation to the Alaska Office of Children’s Services.

115.364 – Staff first responder duties.**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Facility policy includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and could articulate the steps they are to take when responding to an incident of sexual abuse.

115.365 – Coordinated response.**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has a detailed coordinated response plan that also includes a First Responder protocol and First Responder checklist that ensures the highest level of coordination amongst and between the various participants.

115.366 – Preservation of ability to protect residents from contact with abusers.**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Bargaining Agreements defined in the standard are in place and have the required verbiage.

115.367 – Agency protection against retaliation.**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

At the time of the on-site audit, the agency policy did not meet full requirement with pertinent verbiage. The policy has been corrected and is in place. There is a policy that protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard.

Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy.

115.368 – Post-allegation protective custody.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

This is N/A. The facility does not utilize any form of segregated housing.

115.371 – Criminal and administrative agency investigations

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A. The facility does not conduct any administrative or criminal investigations. The State of Alaska had been doing investigations during the on-site audit. There were several elements of the standard that did not meet PREA requirements. The auditor and Statewide PREA Coordinator changed the policy to where the facilities do not conduct Criminal or Administrative investigations.

115.372 – Evidentiary standards for administrative investigations

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

115.373 – Reporting to residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Facility policy requires the Unit Supervisor to inform the resident who made the allegation of the outcome, as required by the standard, unless the allegation is unfounded.

115.376 – Disciplinary sanctions for staff.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Although there were no staff violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

115.378 – Disciplinary sanctions for residents

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency policy meets all elements of this PREA standard. Residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

115.381 - Medical and mental health screenings; history of sexual abuse

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Facility policy complies with all elements of the standard. There were no youth who reported prior sexual victimization upon intake. Policy states that youth would receive the screenings within seven days of intake. The PREA standard states fourteen days.

Interviews with Medical and Mental Health staff confirmed that services would be provided, if requested by a youth.

Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as “need to know” basis.

Youth interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.

115.382 - Access to emergency medical and mental health services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Facility policy and contract requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for resident victims of sexual abuse, but for all youth in the facility, whenever they need it.

Although there were no resident victims of sexual abuse during the prior 12 months, facility policy requires that the resident victim be provided with information regarding STD prophylaxis. Medical staff reported that this would also be provided at the hospital.

115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Although there were no resident victims of sexual abuse at the facility during the prior 12 months, facility policy requires any resident victim be provided with ongoing medical and mental health services that are needed.

115.386 – Sexual abuse incident reviews

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard):

There were four PREA-related youth on youth sexual harassment allegations made in the previous 12 months. All allegations were substantiated. The Sexual Abuse Incident Reviews were completed after the on-site audit. The forms met all required elements of the standard.

115.387 – Data collection

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.

115.388 – Data Review for Corrective Action

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency has conducted its annual review under this standard of the 2014 data.

115.389 – Data Storage, Publication, and Destruction

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency meets the requirements of this standard with a website where the public may access the agency’s data reports and corrective actions through the Alaska Division of Juvenile Justice.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Garret Leegers

3/9/15

Auditor Signature

Date